



LOSFA Event Request Form

Please email completed form Breanna.paul@la.gov and sabrina.johnson2@la.gov or fax form to 225-208-1597.

Please provide dates with a 30-day notice.

Please type or print legibly. Please complete all fields.

School/Organization: _____

Street Address: _____ City: _____

(address where event will be held)

Zip Code: _____

Contact Name: _____ Cell: _____

Office Number: _____ E-mail Address: _____

- Location of event: _____

(physical location of building/room where event will be held. Example: Cafeteria, Gym, etc.)

- Parking Location: _____

(address and/or building of parking location. Example: Near main office)

Event Date:

Option 1: _____ Event Start Time: _____ AM PM

Option 2: _____ Event End Time: _____ AM PM

Option 3: _____

Event Type: Please only check 1 box

- | | |
|--|--|
| <input type="checkbox"/> TOPS Seminar (20-30 minutes) | <input type="checkbox"/> Cross-Curricular Activity |
| <input type="checkbox"/> TOPS & FAFSA Seminar (30-40 minutes) | <input type="checkbox"/> College Match & Fit Workshop (Must be completed before LCAAM) |
| <input type="checkbox"/> FAFSA Seminar (15 minutes) | <input type="checkbox"/> LCAAM (Louisiana College Application & Access Month) |
| <input type="checkbox"/> START Seminar (30 minutes) | <input type="checkbox"/> FSA ID Completion Workshop (Must be completed before FAFSA Completion Workshop) |
| <input type="checkbox"/> General Financial Aid Seminar (50-60 minutes, includes TOPS) | <input type="checkbox"/> FAFSA Completion Workshop |
| <input type="checkbox"/> TOPS Checkup/Retention Workshop | |
| <input type="checkbox"/> College Acceptance/Award Recognition Day | |
| <input type="checkbox"/> Browse Session (<u>no presentation</u> , just a LOSFA representative at a table for Q&A) | |
| <input type="checkbox"/> Other (please specify): _____ | |

Name of Requested LOSFA Presenter: _____

Will your Trailblazer be at this event? Yes No

Attendee Breakdown

Parents (Number anticipated): _____

Students (Number anticipated): _____

Grade(s) of students participating:

6th 7th 8th Other: _____

9th 10th 11th 12th

Are you inviting any other schools or organizations to participate? If yes, please list the schools/organizations and let us know where we fit in the program: Yes No

Can your school provide equipment for a power point presentation? Yes No

Please check if you can provide: _____ Laptop Computer _____ LCD projector

Notes/Special Requests: _____